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Continuing education systems  
: a guide for policy makers

THIS WORK WAS SUPPORTED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT, OFFICE OF OPERATION AND TECHNICAL SUPPORT (ARTS), UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (A.I.D.), THROUGH THE AFRICA CHILD SURVIVAL INITIATIVE-COMBATTING CHILDHOOD COMMUNICABLE DISEASES (ACSI-CCCD) PROJECT, AFRICA REGIONAL PROJECT (698-0421), WASHINGTON, D.C.

THIS GUIDE COULD NOT HAVE BEEN PUBLISHED WITHOUT THE HELP AND EXPERTISE OF THE MANY PEOPLE WHO ASSISTED IN THE WRITING, REVIEWING, EDITING, AND ILLUSTRATIONS, AMONG THEM: ANN VOIGT, CDC, ATLANTA; MPOLAI MOTEETEE, LESOTHO; ANU ADEGOROYE, NIGERIA; THE INTERNATIONAL HEALTH PROGRAM OFFICE, CENTERS FOR DISEASE CONTROL AND PREVENTION STAFF WHO GAVE MUCH OF THEIR TIME AND EXPERTISE, ESPECIALLY JUDI KANNE, DAVID GITTELMAN, AND LEE OAKLEY. ADDITIONAL THANKS TO REVIEWERS KATHLEEN PARKER, JENNIFER BRYCE, ANDY VERNON, RUTH WILSON, BEATIE DIVINE, KRIS SAARLAS, AND JIM CAREY. A SPECIAL NOTE OF THANKS TO THE WORLD HEALTH ORGANIZATION FOR THEIR PERMISSION TO REPRODUCE SEVERAL ITEMS FROM *CONTINUING THE EDUCATION OF HEALTH WORKERS: A WORKSHOP MANUAL*, BY F. ABBATT AND A. MEJÍA, PUBLISHED IN 1988.

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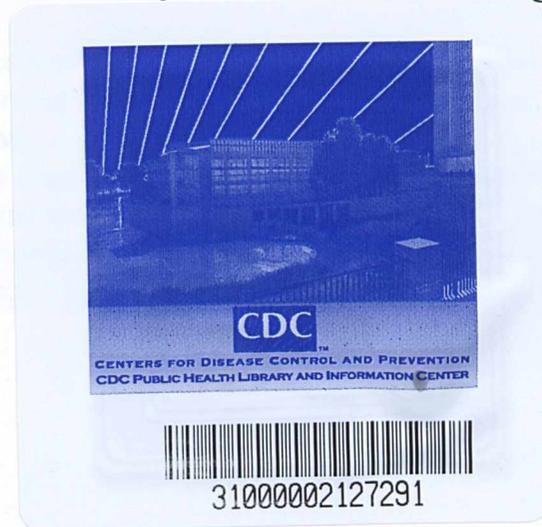
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# CONTINUING EDUCATION SYSTEMS

**A Guide for Policy Makers and Program Managers**



**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT**  
Africa Regional Project (698-0421)

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Public Health Service  
Centers for Disease Control  
and Prevention (CDC)  
International Health Program Office

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## INTRODUCTION

Continuing education is the main way that the quality of work done by health workers is maintained or improved<sup>1</sup> throughout the world. Some countries provide a systematic approach<sup>2</sup> to continuing education that maximizes resources, provides valuable training, avoids duplication of services, and promotes interaction between different sectors. Other countries develop training courses as the need arises. Is one approach better than the other? Experience leads us to believe that while each country should develop a method that is right for them, a systematic approach is likely to foster effective training and sustainability<sup>3</sup>.

Whatever the choice is for your country or region, there are certain criteria that you, as policy makers or program managers, can use to review your present approach to continuing education. By reviewing the suggested steps in this guide, you may improve or strengthen your existing program, assuring health personnel and their clients that appropriate and timely training will be provided to each cadre of health workers that needs it.

This guide suggests questions that you might ask yourselves to decide if your prevailing continuing education strategy is up-to-date. It will help determine if the training needs of the health workers in your country or region are being met in a comprehensive and cost-effective manner<sup>4</sup>. After reading this guide, you may decide that strengthening your current continuing education system is beneficial. Therefore, additional policy statement considerations and continuing education reading suggestions are provided at the end of this guide [see appendix].

## **THE ROAD TO CONTINUING EDUCATION: DEVELOPING A SYSTEM**

A system of continuing education for health workers operates within the larger system of health care planning, delivery, and evaluation<sup>5</sup>. Five steps are described in this guide for improving or developing a continuing education system that will enhance and maintain the skills of all cadres of health workers. Following these steps will help you strengthen your existing program and promote the future growth, development, and sustainability of continuing education:

### **STEP 1: DEVELOP OR REVISE A POLICY STATEMENT**

### **STEP 2: CONDUCT A TRAINING NEEDS ASSESSMENT**

### **STEP 3: DEFINE MANAGEMENT AND PLANNING ACTIVITIES**

### **STEP 4: ORGANIZE AND IMPLEMENT SYSTEM PROGRAMS**

### **STEP 5: MONITOR AND EVALUATE THE SYSTEM**

There are many reasons for using a systematic approach to continuing education. The following provides a quick overview of some of the major reasons:

### **HEALTH WORKER PERFORMANCE**

- Helps maintain previously learned skills
- Facilitates learning new skills
- Advocates adapting old skills and knowledge to changing community health needs
- Encourages adjustment to a different environment than that found in preservice or basic training

### **HEALTH WORKER LOCATION**

- Helps health workers in centers or clinics where there is limited supervision
- Serves those who are isolated professionally (without access to professional journals, new technical updates, or current medical findings)
- Supports a needs assessment or systematic plan that determines who will be trained
- Promotes a planned budget for continuing education
- Brings continuing education as close to the periphery as possible, thereby helping health workers in rural areas, isolated by mileage and (possibly) inadequate transportation to the main cities

### **INSTRUCTOR OR FACILITATOR QUALIFICATIONS**

- Promotes the use of trainers with special skills in how to train
- Supports the use of training methods that are not didactic (lectures or reading materials provided solely by the trainer)

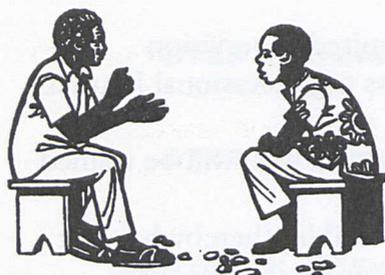
### **FUNDING AND RESOURCES**

- Avoids agency or donor overlapping
- Encourages sharing of equipment, facilities, and other resources when economical and practical

A systematic approach to continuing education system helps alleviate some problems encountered by ministries presently providing continuing education for their health workers. At the same time, a system encourages institutions and agencies to coordinate their activities, and improves overall health care services. For all health workers, a continuing education system supports them from the conclusion of their preservice training until retirement or completion of their career<sup>1,5</sup>.



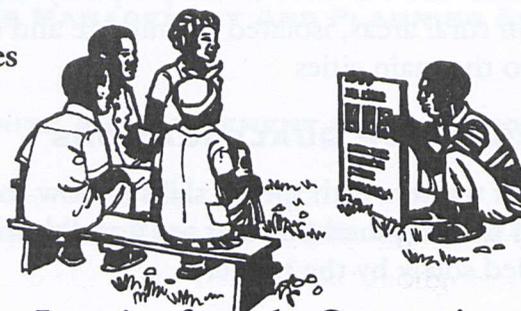
Basic or Preservice Training



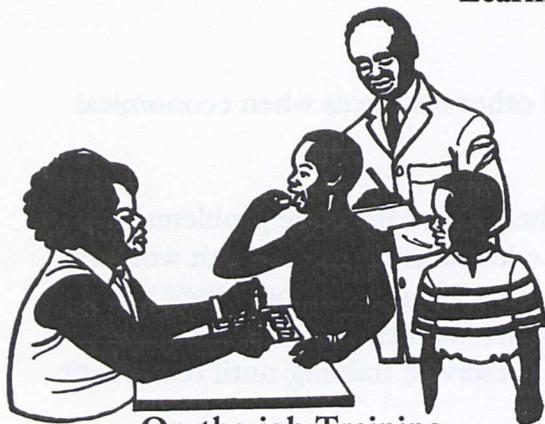
Interacting with Colleagues



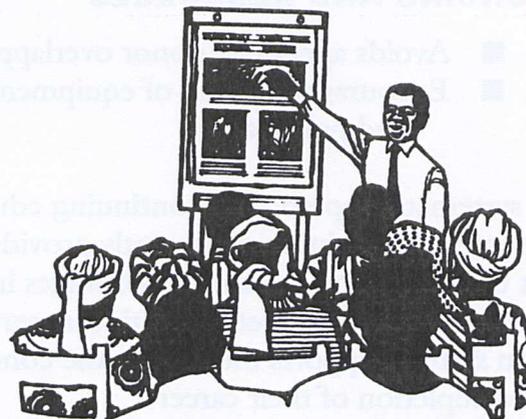
Reading Journals  
and Newsletters



Learning from the Community



On-the-job Training



Attending Workshops and Seminars

## STEP 1: DEVELOP OR REVISE A POLICY STATEMENT

Not every region or country has a continuing education policy statement in place for health workers. However, it is a critical first step for today's policy makers and program managers to recommend the departure from ad hoc activities and periodic programs to a regional or countrywide continuing education system. When thinking about developing a new system (or improving the existing system or programs), a policy statement is a basic requirement. The policy statement helps ensure that goals and functions of a continuing education system are agreed upon by everyone involved in approving, implementing, using, financing, and sustaining the system. The statement defines how broad (or narrow) the scope of continuing education will be.

Representation from all groups associated with continuing education should be included in planning the policy statement in order to develop their ownership, support, and cooperation. The people involved in preparing the statement might include decision makers from the ministries of health and education, secondary and tertiary health training institutions, professional association or trade union representatives, and educators.

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Following basic or preservice training, a continuing education system supports every cadre of health workers throughout their career. There are many ways health workers can strengthen their skills.

## STEP 2: CONDUCT A TRAINING NEEDS ASSESSMENT

In order to make continuing education relevant to health workers, training needs must be assessed before planning. A needs assessment will help decision makers determine what kind of training is necessary<sup>6</sup>. The assessment for continuing education activities is based on needs identified in three general areas<sup>1</sup>:

- The problems faced by the community
- The needs of the health system in its attempt to meet the standards of care required
- The problems recognized by the health workers themselves in performing their work

There are many methods used to assess needs. One way is to look at what the major problems are, and then view problems in more detail, finding out what specific skills need to be taught. Surveys, observation studies, personal interviews, and discussions with community members, health workers, and administrators may all be used to collect information. Consider the cost, method of collecting information, the time and people available, and then decide on the most appropriate method for your program.

Some examples of useful information from the community, health care workers, and the health care system are mentioned below. You may wish to add other items to the list.

### COMMUNITY

- What does the community see as its health needs?
- How do clients assess the quality of care?
- What types of community resources are available?

### HEALTH WORKERS

- What are the services most requested by patients at the health center? Do the health workers possess the knowledge, skills, and equipment to provide them?
- What skills or information would the health workers like to have covered in a continuing education program?
- Do health workers have the most current scientific knowledge and technology available?

- If so, are they using it, or are they following outdated methods?
- Is supervision regular and supportive?

## HEALTH CARE SYSTEM

- What are the leading causes of mortality and morbidity in the community, region, or country?
- What types of training were provided recently? By whom? Which health workers were trained? Was the training useful? For whom?

### STEP 3: DEFINE MANAGEMENT AND PLANNING ACTIVITIES

A continuing education system is composed of a network of agencies, organizations, and institutions. System management is strengthened when each participating member of the network understands the responsibilities, programs, constraints, resources available, and the value within the system of their participation. This implies a high level of cooperation among participating members.

Responsibilities need to be defined at national, regional, district, and facility levels. Those responsible are encouraged to describe the plan's operational activities and how support and service programs will be addressed. There are many ways to assign responsibilities for system components. Some operational functions are best accomplished from more than one level. One example might be:

#### CONTINUING EDUCATION SYSTEM: OPERATIONAL FUNCTIONS

- |                         |                          |                                       |
|-------------------------|--------------------------|---------------------------------------|
| ● National:             | Policy statement         | Financial support                     |
|                         | Standardized materials   | Training manuals                      |
|                         | Needs assessment         | Evaluation and research               |
|                         | Annual review            |                                       |
| ● Regional or District: | Transportation           | Evaluation and research               |
|                         | Resource center          | Staff (who will train or facilitate?) |
|                         | Financial support        | Provisions for feedback               |
|                         | Needs assessment         | Equipment for training                |
| ● Facility:             | Transportation           | Provisions for feedback               |
|                         | Staff (who will attend?) | Needs assessment                      |
|                         | Equipment for training   | Additional financial support          |
|                         | Monitoring activities    |                                       |

Coordination among logistics, training, program management, and health education plays a critical role in providing continuing education for all health workers. For instance, health workers must be able to obtain the equipment and supplies needed to perform the tasks they are now trained to do. If a media campaign encouraging mothers to bring their sick children to health facilities is planned, health workers should be trained first and the plan needs to include the distribution of oral rehydration supplies. There is no point in training health workers and conducting media campaigns if the solution to a health care problem depends on access to a product that is not available.

In addition to coordination, another point to remember is that training programs are sometimes (inadvertently) planned in reverse. For example, make sure that the time and place are not fixed, or instructors chosen (with the course content decided) before planners consider the special difficulties, resources, customs, and strengths of the people involved<sup>7</sup>. Policy makers and program managers may also want to consider that personnel working in facilities located at a great distance from urban centers often have “few” or “inadequate” continuing education interventions. Cooperative efforts and coordination involve both mass media activities planned for the entire community and patient education efforts in health facilities. Health educators need to assure that quality educational programs are coordinated with the capabilities and resources of the facility to respond to the demand for services.

## STEP 4: ORGANIZE AND IMPLEMENT SYSTEM PROGRAMS

The organization of programs (within a system) requires following your policy statement guidelines and the results of your needs assessment. The following suggestions can serve as examples of activities that might be included in an organizational plan, but other items may be added on a regional or district-to-district basis:

**DESCRIBE** an integrated and comprehensive continuing education program based on the continuing education needs assessment and policy statement for the system. Design the program to avoid duplication of services, overlaps, and gaps in continuing education for health workers.

**COORDINATE** the various educational activities of professional groups, donor agencies, institutions, program managers, and continuing education departments.

**IDENTIFY** financial resources available for continuing education such as line items in regional and national budgets, grant programs, potential donors, and others.

**SUPPLY** training equipment and facilities at the central or regional level and make them available to organizations or agencies providing continuing education.

**TRAIN** primary health care trainers. Trainers need both clinical experience and teaching skills<sup>8,9</sup>. Trainers need to assimilate ideas from the community into their teaching methodology. A core group of multi-disciplinary trainers and supervisors can help avoid duplication of resources from various vertical programs.

**DEVELOP** curricula and select materials for adaptation or development.

**DETERMINE** the degree of decentralization<sup>10</sup>. A central level system assures that information on program policy, case management, and standing orders are disseminated to regional or district trainers. It may also provide standardized training materials and directives on federally determined priorities.

**GENERATE** a strong network of individuals, program managers, institutions, and associations capable of changing as the needs arise. The network will improve communication and provide a strong link with preservice institutions, the supervisory system, and other sectors in the delivery of health care services.

*Each plan in the system coordinates the various organizational activities, assuring that linking occurs and support services are provided when needed.*

Implementation of the educational programs will require input from many different people and institutions. Such program activities might include the how and where of:

- Teacher training
- Budget details
- Required communications
- Logistics
- Provisions for feedback
- Purchase of supplies and equipment
- Selection of learners
- Disbursement of funds
- Facility arrangements
- Equipment maintenance
- Annual reviews

One of the greatest challenges to implementing educational programs within the continuing education system is the ability to coordinate activities of various organizations to move forward in a timely manner. The aim of implementation for a continuing education system is to achieve what you have set out to do within the framework of your policy statement, using the timetable you have determined to use. There may be some adjustments along the way. Available resources, facilities, logistics, and other factors will affect how you are able to implement your overall continuing education system.

## STEP 5: MONITOR AND EVALUATE THE SYSTEM

Managers need assurance that work plans are functioning. With careful coordination and planning, activities described in the previous step (Organize and Implement System Programs) occur without duplication of resources. In planning what to monitor, managers will want to think about indicators that show:

- Specific program targets were achieved
- Completion of activities took place within the allotted time frame
- Achievements were accomplished according to the plan
- Locally available resources and materials were used when possible
- Maximum cooperation was attained
- Feedback was received by supervisory and preservice personnel

Evaluation needs to be an integral part of the system from the point of inception. Items to consider when developing the evaluation component are varied. First, consider that the ultimate objective of the continuing education program is not merely the improvement of the health workers' skills or even the improvement of the way health care is delivered. Those are just means to an end, and the end is an "improvement in the overall health status of the community<sup>11</sup>." Thus, the immediate outcome is trained health workers, while the ultimate outcome is improved health status<sup>12</sup>." When managers plan their evaluation, it must include an evaluation of the plan, the process used to implement the plan, and the results achieved. Three areas to include are:

### 1. EVALUATING THE HEALTH WORKER'S PERFORMANCE:

- How will new skills gained through training be measured?
- How will on-the-job performance be measured?

### 2. EVALUATING INDIVIDUAL TRAINING PROGRAMS:

- How is training relevant to the health care worker, community, or national priorities?
- Was the curriculum developed in response to the results of needs assessment activities?
- Are the skills of the trainers evaluated?
- Are available resources and budget management routinely evaluated?
- Are discrete training activities, such as learner selection, evaluated?

**3. EVALUATING THE CONTINUING EDUCATION SYSTEM:**

- Is the centralization or decentralization structure working?
- Are there open and functional interagency communications?
- Is there a strong, yet flexible, network of individuals, programs, institutions, and associations concerned with continuing education?
- Is there an annual system review to reinforce monitoring components?
  - ✓ Before expanding activities, have benefits and usefulness been reassessed?
  - ✓ Is there time set aside every year for policy makers and program managers to review the continuing education system?

## SUMMARY

The five steps suggested in this guide will help policy makers and program managers to answer questions related to their respective countrywide continuing education plans.

**DEVELOPING OR REVISING A POLICY STATEMENT** will lend credibility to a continuing education program and validate the program's mandate for performing its functions. A commitment from policy makers and program managers regarding the value of an integrated continuing education system is an essential part of the statement and plan.

**CONDUCTING A TRAINING NEEDS ASSESSMENT** calls for two critical questions to be asked by policy makers and program managers: (1) "Where are we?" and (2) "Where are we going?" If "where you are" is NOT "where you want to be" then a change is indicated<sup>13</sup>. Surveys, observational studies, personal interviews, and discussions with community members, health workers, and administrators are all methods of assessing the need for continuing education in your country or region.

By clearly **DEFINING MANAGEMENT AND PLANNING ACTIVITIES** within the system, training programs can be linked with other sectors and agencies. Management of training activities in various countries differs greatly depending on resources available and a commitment of national counterparts, donor agencies, and technical advisors willing to approach training systematically. Remember that a willingness to allocate adequate resources for continuing education must come from you, as a policy maker or program manager.

**ORGANIZING AND IMPLEMENTING PROGRAMS** within the system means supporting a collaborative continuing education approach. "That is to say, the system should have a unified policy framework, in which relevant plans, human resources, institutions, and facilities can be coordinated or functionally integrated<sup>1</sup>." Note that the plans for management, organization, and implementation are better served if they are included in the policy statement.

Effective **MONITORING AND EVALUATING** should provide a means of measuring program progress, initiating changes when necessary, and monitoring the overall success of the program. Evaluation needs to be part of an operative continuing education system.

The establishment of a continuing education system should not be a means to an end. It is, rather, a beginning. A well designed continuing education system for health workers should serve as one component in a comprehensive approach to achieving health for all by the year 2000. It should "introduce new developments and techniques in health care and in health services management, address gaps between performance and actual demands of a job, and impart new skills necessitated by changes in health programs or by new or different responsibilities <sup>14</sup>." The involvement of the community, the health workers, and you, the policy maker or program manager, is crucial for the quality of health care services.

## REFERENCES AND NOTES

1. Abbatt FR, Mejía A. *Continuing the education of health workers: A workshop manual*, World Health Organization, Geneva, 1988.
2. A system refers to “the sum of the educational activities, the organizational structure that supports and manages those activities, and crucially, the relationship between the educational activities, the management, and the external agencies involved in the provision of health care.” Abbatt FR, Mejía A. *Continuing the education of health workers: A workshop manual*, World Health Organization, Geneva, 1988.
3. Sustainability has been defined as “the continuation of activities and benefits achieved during the life of the project, at least three years after the project funding stops.” In: Bossert T. *Can they get along without us? Sustainability of donor-supported health projects in Central America and Africa*, Social Science and Medicine, 30(9):1015-23, 1990.
4. For example, a mid-term program review of the Niger State Continuing Education Program suggested that “all health personnel in Niger State should be channeled through the Continuing Education Unit. [This] recommendation, if implemented, [would] increase the cost-effectiveness of training activities and strengthen the CEU.” (External Evaluation Team: Imade UO, Kuteyi DY, Smith NU, Alhaji YM.) Anka, Niger State, Nigeria, Africa, July 16-20, 1990.
5. Report of a WHO expert committee, *Systems of continuing education: Priority to district health personnel*, Technical Report Series 803, World Health Organization, Geneva, 1990.
6. Bryce J, Toole M, Waldman R, Voigt A. *Assessing the quality of facility-based child survival services*, Health Policy and Planning, 7(2):155-63, 1992.
7. Werner D, Bower B. *Helping Health Workers Learn*, The Hesperian Foundation, Palo Alto, California, USA, 1982.
8. Godwin P. *Training health workers: What needs to be taught and who should teach it*, Social Science and Medicine, 17(22):1819-25, 1983.
9. *Meeting global health challenges: A position paper on health education*. Paper prepared jointly by the International Union for Health Education, World Health Organization (Division of Health Education), with support from the Centers for Disease Control and Prevention, (Research and development provided by Dr. Marshall Kreuter of Health 2000), April 1992.
10. For example, while training can be decentralized, it will still require strong central support from the central, state, or national level. Even when a continuing education system is decentralized, periodic continuing education programs at the central level for trainers enhances communication between regional and central trainers.
11. African Medical and Research Foundation Training Department (AMREF), *Continuing education for health workers: Planning district programmes*, (C. H. Wood, Head of Department), Nairobi, Kenya, 1983.

12. Personal communication, Dr. Mpolai Moteetee (former Head of Family Health Division) Ministry of Health, Lesotho, Africa, 1993.
13. Dyal WW. Program management: *A guide for improving program decisions*, US Department of Health and Human Services, Centers for Disease Control, Atlanta, Georgia, USA, 1990.
14. Bazilio J. *Report on the coordination of in-service training at the Ministry of Health*, Mbabane, Swaziland, May 22-June 16, 1989.

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**APPENDIX**

The following list represents a brief overview\* of items to consider when developing and writing a policy statement.

### **CONSIDERATIONS BEFORE WRITING A POLICY STATEMENT**

- Identify the agency or organization that will be responsible for managing the day-to-day implementation of the policy statement strategies
- Decide who will write the policy statement (include representation from all areas of health care)
- Specify the goals for a continuing education system
- Review who is doing continuing education and how, where, and for whom is it being done and ask some important questions (a few sample questions are listed):
  - ✓ What are the existing continuing education activities and programs that need to be reviewed?
  - ✓ Where were the training sessions conducted? Was the quality of training adequate?
  - ✓ Are multi-disciplinary trainers available? If yes, how many and are they being used?
  - ✓ Was there adequate time for training to take place?
  - ✓ What training materials are currently available?
  - ✓ How far can training be decentralized (planning, training and budgeting being proposed in order to meet regional or local needs)?
- Review resources and constraints associated with the policy statement activities
- Identify strategies to achieve the goals using available resources
- Generate support for the policy by including representatives who will be affected by the policy
- Prepare, submit, and request implementation of the policy statement

\*For an in depth explanation, please refer to Annex 6 "A Check-list For Preparing A Policy Statement," page 113, Abbatt FR and Mejia A, *Continuing Education of Health Workers: A Workshop Manual*, World Health Organization, Geneva, 1988.

## SUGGESTIONS FOR FURTHER READING

*Continuing Education for Health Workers: Planning District Programmes*, Training Department - African Medical and Research Foundation (AMREF), C.H. Wood, Head of Department, Nairobi, Kenya, 1983.

Write to: Health Learning Materials Unit  
AMREF  
P.O. Box 30125  
Nairobi, Kenya

*Continuing the Education for Health Workers: A Workshop Manual*, World Health Organization (WHO), Geneva, Switzerland, 1988.

Write to: World Health Organization  
Distribution and Sales Service  
1211 Geneva 27  
Switzerland

Or contact any of the WHO regional offices listed in WHO publications.

Report of a WHO Expert Committee. *Systems of Continuing Education: Priority to District Health Personnel*, Technical Report Series 803, WHO, Geneva, 1990.

Write to: World Health Organization  
Distribution and Sales Service  
1211 Geneva 27  
Switzerland

Or contact any of the WHO regional offices listed in WHO publications.

*Planning a Continuing Education Policy Workshop*

Write to: Centers for Disease Control and Prevention (CDC)  
International Health Program Office  
Technical Support Division  
1600 Clifton Road, NE  
Atlanta, GA  
USA 30333